

William H and Mary L Boyd Foundation Incorporated

“ Scholarship Award Application for the academic year(s) 2024 and 2025 “

Foundation Website is : williamandmaryboyd.com

1.) - Personal Information: complete even if you sent an application in another year.

1-a - First Name _____ , Last Name _____ Middle _____

1 – b - Social Security Number : _____

1 – c - Date of Birth: Month: _____, Day _____ , Year (four digits) _____

2.) - Mailing Address :

2 – a -Street : _____

2 – b - City: _____ State _____ Zip Code _____ - _____

2 – c - Cell Phone: - (____) _____ - _____ Home Phone: - (____) _____ - _____

2 - d - EMAIL Address: _____

3.) - Church Affiliation :

3 – a - Church Name: _____

3 – b - Pastor Name: _____

3 – c – Church Street Address: _____

3 – d - City: _____ , **State:** _____ , **zip code:** _____ - _____

4 - Name of the University / College or Trade Organization where you will be attending /studying

4 – a - Start date : - Month _____ **Year - through year ?** _____

4 - b – Organization / University / College or Trade Name:

4 - c - Street Address : _____

4 - d- City : _____ , **State :** _____ , **zip code :** _____ - _____

4 - e - Housing – School / Campus / – YES _____ **NO** _____ : **Off Campus :Yes** _____ **N** _____

4 – f- check please - First-year ___ Sophomore ___ Junior ___ Senior ___ Masters ___ Other ___

4 – g - Trade School name : _____

9.) Your please update or signup for “ZELLE” to receive your award. – *Note this is the best method to receive your award!*

9 - b.) Otherwise supplying an Address for mailing the check to you, is needed.

Note: We do not send your award in a lump sum. You will receive your award in monthly amounts mailed to you. (Note: you can supply the address after you are enrolled in school before September 20, 2024).

9.) Emergency Contact information

9 – a - Name : _____

9 – b - Address : _____

9 – c - City : _____ State: _____ Zip _____

9 – d - Phone (cell) : _____ Other _____

10.) Okay to add Extra Sheet(s) if needed for your Scholarship Application for Year 2024 and 2025

10.) Your Signature and Date :

Print Student Name: _____ Date _____

Student Signs - Name : _____ Date _____

Foundation Review and Date :

Print Foundation review Name: _____ Date _____

Foundation Signs - Name : _____ Date _____